Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Care for older adults: percentage of adults 66 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment, and pain assessment.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of adults 66 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment, and pain assessment.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

Rationale

According to United States (U.S.) Census statistics, there were almost 38 million people over the age of 65 in 2009. The population 85 years of age and older was projected to increase to 5.7 million by 2010—a 36 percent increase from 2000's total (National Eye Institute [NEI], n.d.). As the elderly population ages, physical function decreases, pain increases and cognitive ability can decrease. Older adults become increasingly depressed or have medication regimens of increased complexity. As people age, consideration should be given to their choices for end-of-life care and an advance care plan should be executed. Assessing functional status and pain, medication review, and advance care planning can ensure that older adults receive comprehensive care that prevents further health status decline and considers their wishes.

Functional status assessment. Screening is effective in identifying functional decline (Administration on Aging [AOA], 2009). Physical ability is an important indicator for health and well-being in old age, as it decreases with age. Physical functional decline is often an initial symptom of illness in older people, and early detection of functional decline allows earlier treatment or intervention (Extermann et al., 2005).

Pain assessment. Pain is also a frequent symptom of illness and disease in older ambulatory and hospitalized patients (Fleming et al., 1995). Elderly individuals are more likely to have arthritis, bone and joint disorders, cancer and other chronic disorders associated with pain (Chodosh et al., 2004). Additionally, the consequences of under-treating pain can have a negative effect on the health and quality of life in the elderly, with the onset of depression, anxiety, reduced socialization, sleep disturbances and impaired mobility. The American Geriatrics Society (AGS) Panel on Persistent Pain in Older Adults (2002) suggests that a healthcare professional should assess the patient for evidence of persistent pain, on initial presentation or admission to any health care service (Chodosh et al., 2004).

Advance care planning. As people age, consideration should be given to their treatment wishes in the event that they lose the ability to manage their care. A large discrepancy exists between the wishes of dying patients and their actual end-of-life care. Advance directives are widely recommended as a strategy to improve compliance with patient wishes at the end of life and thereby ensure appropriate use of healthcare resources. There is expert consensus on the need for advance directives, as well as a regulatory mandate, but only 15 to 25 percent of adults complete them, usually after a serious illness or hospitalization (Cugliari, Miller, & Sobal, 1995; Emanuel et al., 1991; Stelter, Elliott, & Bruno, 1992). It has been found that most adults would prefer to discuss advance directives while they are well, preferably with a doctor who has known them over time. Most say they look to their doctors to initiate the discussion.

Medication review. The vast majority of older adults take medications to address at least three or more chronic conditions. Many have multiple prescribing physicians and use more than one pharmacy, necessitating regular review of medications. The Task Force on Medications Partnership (2002) recommends that all community-dwelling older adults have a medication review performed at least yearly.

A medication list should include prescriptions and over-the-counter (OTC) medications (including herbals, supplements); dose, frequency, and reason for taking the medication. Poor medication management can lead to adverse drug events, overdoses, and underutilization of drugs, all of which can result in increased hospitalizations (Bikowski, Ripsin, & Lorraine, 2001).

Evidence for Rationale

Administration on Aging (AOA). A profile of older Americans. Washington (DC): U.S. Department of Health and Human Services; 2009. 15 p.

AGS Panel on Persistent Pain in Older Persons. The management of persistent pain in older persons. J Am Geriatr Soc. 2002 Jun;50(6 Suppl):S205-24. [126 references] PubMed

Bikowski RM, Ripsin CM, Lorraine VL. Physician-patient congruence regarding medication regimens. J

Am Geriatr Soc. 2001 Oct;49(10):1353-7. PubMed

Chodosh J, Solomon DH, Roth CP, Chang JT, MacLean CH, Ferrell BA, Shekelle PG, Wenger NS. The quality of medical care provided to vulnerable older patients with chronic pain. J Am Geriatr Soc. 2004 May;52(5):756-61. PubMed

Cugliari AM, Miller T, Sobal J. Factors promoting completion of advance directives in the hospital. Arch Intern Med. 1995 Sep 25;155(17):1893-8. PubMed

Emanuel LL, Barry MJ, Stoeckle JD, Ettelson LM, Emanuel EJ. Advance directives for medical care--a case for greater use. N Engl J Med. 1991 Mar 28;324(13):889-95. PubMed

Extermann M, Aapro M, Bernabei R, Cohen HJ, Droz JP, Lichtman S, Mor V, Monfardini S, Repetto L, Sorbye L, Topinkova E, Task Force on CGA of the International Society of Geriatric Oncology. Use of comprehensive geriatric assessment in older cancer patients: recommendations from the task force on CGA of the International Society of Geriatric Oncology (SIOG). Crit Rev Oncol Hematol. 2005 Sep;55(3):241-52. [103 references] PubMed

Fleming KC, Evans JM, Weber DC, Chutka DS. Practical functional assessment of elderly persons: a primary-care approach. Mayo Clin Proc. 1995 Sep;70(9):890-910. [119 references] PubMed

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Eye Institute (NEI). NEI statement: vision screening in adults. Bethesda (MD): National Institutes of Health (NIH);

Stelter KL, Elliott BA, Bruno CA. Living will completion in older adults. Arch Intern Med. 1992 May;152(5):954-9. PubMed

Task Force on Medicines Partnership. The national collaborative medicines management services programme. Room for review. A guide to medication review. [internet]. 2002 [accessed 2005 Sep 01].

Primary Health Components

Advance care planning; medication review; functional status assessment; pain assessment; older adults

Denominator Description

Medicare Special Needs Plans (SNP) members age 66 years and older as of December 31 of the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Members from the denominator who had each of the following during the measurement year:

- Advance care planning
- Medication review
- Functional status assessment
- Pain assessment

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Managed Care Plans

Transition

Type of Care Coordination

Coordination between providers and patient/caregiver

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 66 years and older

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination
Health and Well-being of Communities
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

December 31 of the measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Medicare Special Needs Plans (SNP) members age 66 years and older as of December 31 of the measurement year

Note:

> Members must have been continuously enrolled during the measurement year.
> *Allowable Gap*: No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Exclusions
Unspecified

Value Set Information
Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the NCQA Web site to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Members from the denominator who had each of the following during the measurement year:

Advance Care Planning: Evidence of advance care planning during the measurement year (Advance Care Planning Value Set).
Medication Review: Any of the following meet criteria:
Both of the following on the same date of service during the measurement year:
At least one medication review (Medication Review Value Set) conducted by a prescribing practitioner or clinical pharmacist.
The presence of a medication list in the medical record (Medication List Value Set).
Transitional care management services (TCM 7 Day Value Set) where the reported date of service on the claim is on or between January 30 of the measurement year and January 22 of the year after the measurement year.
Transitional care management services (TCM 14 Day Value Set) where the reported date of service on the claim is on or between January 30 of the measurement year and January 15 of the year after the measurement year.
Functional Status Assessment: At least one functional status assessment (Functional Status Assessment Value Set) during the measurement year.
Pain Assessment: At least one pain assessment (Pain Assessment Value Set) during the measurement year.

Note: Transitional care management is a 30-day period that begins on the date of discharge and continues for the next 29 days. The date of service on the claim is 29 days after discharge and not the date of the face-to-face visit. Medication management must be furnished no later than the date of the face-to-face visit.

Exclusions
Unspecified

Value Set Information
Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the NCQA Web site to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Care for older adults (COA).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Prevention and Screening

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2014 Dec 23

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.
National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the National Committee for Quality Measurement (NCQA) Web site .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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